

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>rhr</i>	67824	1/24/00
O.I.P.E. CLASSIFIER		43	
FORMALITY REVIEW	LH	100105	7/17/00
RESPONSE FORMALITY REVIEW			8-30-01

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	2/16/04
1	✓
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11	Q
12	✓
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15	✓
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18	✓
19	
20	✓
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32	Q
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38	✓
39	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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